

Application Data Sheet

Application Information

Filing Date:: 08/18/2003
Application Type:: Continuation
Subject Matter:: Utility
Suggested Group Art Unit:: None
CD-ROM or CD-R?:: None
Title:: METHODS AND SYSTEMS FOR FOCUSED BIPOLAR TISSUE ABLATION
Attorney Docket Number:: 2024728-7034083001
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figures:: 19
Total Drawing Sheets:: 13
Small Entity:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Robert S.
Family Name:: Behl
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 361 Tioga Court
City of mailing address:: Palo Alto
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94036
Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Morton
Family Name:: Grosser
City of Residence:: Menlo Park
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1016 Lemon Street
City of mailing address:: Menlo Park
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94025

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Alexander L.
Family Name:: Huang
City of Residence:: Menlo Park
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 903 Arnold Way
City of mailing address:: Menlo Park
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94025

Correspondence Information

Name:: Bingham McCutchen, LLP
Street of mailing address:: Three Embarcadero, Suite 1800
City of mailing address:: San Francisco
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94111-4067
Telephone:: (650) 849-4400
Fax:: (650) 849-4800

Representative Information

Representative Customer Number:: 23639

Representative Designation::	Registration Number::	Name::
Primary	37,104	David T. Burse

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/663,048	09/15/2000